

SERIAL NUMBER 09/480,013		FILING DATE 01/10/00	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. CHANDER6-5		
APPLICANT	SHARAT SUBRAMANIYAM CHANDER, WOODBRIDGE, IL; SHIV MOHAN SETH, NAPERVILLE, IL.						
	CONTINUING DOMESTIC DATA*** VERIFIED						

	371 (NAT'L STAGE) DATA*** VERIFIED						

ADDRESS	**FOREIGN APPLICATIONS***** VERIFIED						

	IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/16/00						
	Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			STATE OR COUNTRY IL	SHEETS DRAWING 10	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 6
	Verified and Acknowledged Examiner's Initials _____ Initials _____						
TITLE	LUCENT TECHNOLOGIES INC 600 MOUNTAIN AVENUE P O BOX 636 MURRAY HILL NJ 07974-0636						
	SYSTEM AND METHOD FOR PROVIDING INDICATION OF MAXIMUM TELESERVICE PAYLOAD SIZE IN A WIRELESS COMMUNICATION NETWORK						
FILING FEE RECEIVED \$1,320		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____			



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Bib Data Sheet

SERIAL NUMBER 09/480,013	FILING DATE 01/10/2000 RULE -	CLASS 455	GROUP ART UNIT 2749 2682	ATTORNEY DOCKET NO. CHANDER6-5	
APPLICANTS SHARAT SUBRAMANIAM CHANDER, WOODBRIDGE, IL ; SHIV MOHAN SETH, NAPERVILLE, IL ;					
** CONTINUING DATA ***** OK					
** FOREIGN APPLICATIONS ***** OK					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/16/2000 -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature <u> </u> Initials <u> </u>		STATE OR COUNTRY IL	SHEETS DRAWING 10	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 6
ADDRESS - Walter W Duft 295 Main Street Suite 762 Buffalo ,NY 14203-2507					
TITLE SYSTEM AND METHOD FOR PROVIDING INDICATION OF MAXIMUM TELESERVICE PAYLOAD SIZE IN A WIRELESS COMMUNICATION NETWORK					
FILING FEE RECEIVED 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		